



chalin smith

703-549-76922

p.1

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31496

7590

05/20/2008

SMITH PATENT CONSULTING CONSULTING, LLC
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Chalin Smith	(Depositor's name)
	(Signature)
August 11, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/529,441

08/03/2005

Kerstin Westritschnig

LNK-030

8560

TITLE OF INVENTION: HYPOALLERGENIC ALLERGY VACCINES BASED ON THE TIMOTHY GRASS POLLEN ALLERGEN PHL P7

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$720

\$300

\$0

\$1020

08/20/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ROONEY, NORA MAUREEN

1644

424-185100

08/12/2008 CNGUYEN3 00000066 10529441

01 FC:2501

02 FC:1504

720.00 OP
300.00 PD

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1. CHALIN SMITH

2. SMITH PATENT

3. CONSULTING, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Vienna, AUSTRIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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Authorized Signature

Date

August 11, 2008

Typed or printed name

CHALIN SMITH

Registration No.

41,569

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